

INDIVIDUAL DRIVER QUESTIONNAIRE AND INVESTIGATION AUTHORIZATION

THIS PAGE IS REQUIRED IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES YOU TO DRIVE.

JOB APPLYING FOR: _____

FULL NAME: _____
(please print)

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PREVIOUS
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DUE TO INSURANCE REQUIREMENTS, CANDIDATES FOR TRANSIT DRIVER POSITIONS MUST BE 21 YEARS OF AGE OR OLDER. ARE YOU OVER THE AGE OF 21? YES NO

	LICENSE #	STATE	TYPE OR CLASS	EXPIRATION DATE
CURRENT	=====			
DRIVER'S				
LICENSE	=====			

LICENSE RESTRICTIONS _____

LIST BELOW ALL DRIVING CITATIONS OR NOTICES OF INFRACTION (EXCLUDING PARKING TICKETS) WHICH HAVE RESULTED IN CONVICTIONS OR FORFEITURES OF BOND WITHIN THE PAST THREE YEARS.

DATE	OFFENSE	LOCATION (CITY, STATE)

DRIVER'S LICENSE INVESTIGATION AUTHORIZATION
(PLEASE PRINT)

NAME: _____

ADDRESS: _____

DRIVER'S LICENSE NO.: _____ STATE OF ISSUE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

I HEREBY AUTHORIZE THE CITY OF PULLMAN TO RUN A DRIVER'S LICENSE INVESTIGATION FOR THE LAST FIVE YEARS FOR THE PURPOSE OF POSSIBLE EMPLOYMENT.

SIGNATURE _____ DATE _____